Integration of Primary Care and Behavioral Health

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Indiana Primary Health Care Association

Presentation Prepared For:
Transformation Work Group
May 13, 2008

Background

- Integration has been studied for last ten years
- Lack of integration causes:
  - lack of access
  - disproportionate cost to health systems
  - greater risk of developing co-morbid/chronic diseases
- Statistics validate the need of integration
  - 60% of medical visits have no confirmable medical diagnosis
  - 50% behavioral health care is provided in primary care context
  - 70% of psychotropic medication is prescribed by non-psychiatric physicians
  - Although nearly half of the individuals who suffer from mental disorders in this country fail to seek services from specialists, almost 80% of these individuals visit their primary care provider at least once every year

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What is Integration?

- Intangible concept with many definitions
- Treatment system that utilizes coordinated holistic methods of care
  - Combination of behavioral health and primary care
- Usually implies co-location

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Barriers to Integration

- Lack of communication
- Lack of skill set
- Developing a compatible infrastructure
- Deficiency of community resources and support

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Addressing Financial Issues

- Complex funding and regulatory process make integration difficult
- Uninsured and Medicaid
- Much variation among each managed care organization

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Collaboration

- Interdisciplinary collaboration and efforts throughout Indiana communities
- Optimal form is co-location
- Need awareness among:
  - health care organizations
  - health policy and advocacy groups
  - local providers

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10 Recommendations

1. Providing tools to the primary medical provider to equip them to handle the multiple needs and issues of the patient with chronic behavioral health problems, i.e. academic programs, training, idea exchanges, etc.

2. Creating a rapid, continuous and sufficient data exchange between medical and behavioral health professionals that relies on an information system rather than individuals (e.g., case managers).

3. The Office of Medicaid Policy and Planning to expand the 96150 series of codes to include psychiatric diagnosis.

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Recommendations Continued...

4. Encourage students to enter academic and technical programs for behavioral health, and even primary care, through incentives, such as loan repayment, tuition subsidies, etc.

5. Encourage the use of Nurse Practitioners with behavioral health specialty through reimbursement, support of recruitment efforts, and support of academic programs. Also, support and foster statewide recruitment efforts, especially for underserved urban and rural communities and for people whose heritage is a minority culture or ethnicity.

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Recommendations Continued…

6. Experimenting with incentives such as: enhanced reimbursement for integrated care practices; public/private pilot projects to fund behavioral health providers in practices that serve a higher proportion of people with chronic diseases and behavioral health disorders; grants and seed money to encourage co-location of behavioral health practitioners in primary care practices.

7. The Office of Medicaid Policy and Planning to consider a capitation rate for providers serving patients with multiple, co-morbid issues. In that way, care can be delivered by either or both behavioral health and medical providers according to the patient's need(s).

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Recommendations Continued...

8. Future policy should acknowledge the importance of behavioral health and primary care integration and support the expectation of communication and coordination at the state, local, and individual level.

9. Recommend that the Indiana Mental l Health Commission recommend that the Indiana Division of Behavioral Health and Addiction take the lead on the development of a cross state agency behavioral health agenda on the integration of behavioral health and primary care.

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Recommendations Continued…

10. Recommend that the Indiana Mental Health Commission recommend that the Indiana Division of Behavioral Health and Addiction fund the evaluation of integration projects that currently exist. [The integration projects that currently exist have wonderful anecdotal information, but limited statistical evaluation on the success of the model. Funding sources generally fund implementation, but not evaluation.]

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QUESTIONS????

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